



# Turn-in of Medical Supplies



- Prepare Turn-in document-DA Form 3161
  - o NSN, Nomenclature, Unit of Issue, Expiration Date and Quantity
- Do not mix Hazardous Materials and waste
- Separate DA Form 3161 for Serviceable, Unserviceable, Non-controlled Pharmaceutical, Controlled Pharmaceutical and Med-surgical items



# Class VIII Turn-In Procedures



## For MEDSURG/ Non-Controlled Pharmaceuticals

Contact Customer Support (CS) at 765-8195/ 8199  
to Initiate Turn-in Process



Send DA 3161 to CS for Approval



CS will contact turn-in representatives at 765-  
1305/8579 to coordinate Turn-in Date and Time



Turn-in Item(s) to warehouse



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| <b>REQUEST FOR ISSUE OR TURN-IN</b><br><i>(DA PAM 710-2-1)</i>  |                                     |                                    |                                                          |                           |                                   | 1. REQUEST NO.                                        |                           | 2. VOUCHER NO.         |                        |                                          |                            |                       |  |
|-----------------------------------------------------------------|-------------------------------------|------------------------------------|----------------------------------------------------------|---------------------------|-----------------------------------|-------------------------------------------------------|---------------------------|------------------------|------------------------|------------------------------------------|----------------------------|-----------------------|--|
|                                                                 |                                     |                                    |                                                          |                           |                                   | <input checked="" type="checkbox"/> ISSUE<br>TURN-IN  |                           | SHEET<br>NO. #         | NB SHEETS<br>1/1       |                                          |                            |                       |  |
| 3. SEND TO:<br><b>Warehouse, USAMMC-K</b>                       |                                     |                                    |                                                          |                           |                                   | 4. DATE MATERIAL REQUIRED<br>(YYYYMMDD)      20110115 |                           | 5. DODAAC<br>W90UJB    |                        | 6. PRIORITY                              | 7. ACCOUNTING/FUNDING DATA |                       |  |
| 8. REQUEST FROM:<br><b>TMC CP Casey, 168 MMB (SSG John Doe)</b> |                                     |                                    |                                                          |                           |                                   | 9. END ITEM IDENT<br><b>Turn in Expired Items.</b>    |                           | 9a. NAME/MANUFACTURER  |                        | 9b. MODEL                                | 9c. SERIAL NO.             |                       |  |
| * CODE                                                          | ISSUE<br>I-Initial<br>R-Replacement |                                    | TURN-IN<br>PWT-Fair Wear And Tear<br>RS-Report of Survey |                           | EX-Excess<br>SC-Stritt of Charges |                                                       | LT-Lateral Transfer       |                        |                        |                                          | 10. PUBLICATION            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            | 11. JOB ORDER NO.<br> |  |
| 12. ITEM NO.<br><i>a</i>                                        | STOCK NO.<br><i>b</i>               | ITEM DESCRIPTION<br><i>c</i>       |                                                          | UNIT OF ISSUE<br><i>d</i> | QUANTITY<br><i>e</i>              | CODE*<br><i>f</i>                                     | SUPPLY ACTION<br><i>g</i> | UNIT PRICE<br><i>h</i> | TOTAL COST<br><i>i</i> | <i>j</i> POSTED<br>DATE (YYYYMMDD)<br>BY |                            |                       |  |
| 1                                                               | 00409-9137-05                       | Lidocaine 1% 50mg/5ml              |                                                          | BT                        | 2                                 |                                                       | ▼ Exp : 07/10             |                        | 0.00                   |                                          |                            |                       |  |
| 2                                                               | 49502-0697-24                       | Albuterrol sulfate 0.083\$ Inh Sol |                                                          | BX                        | 3                                 |                                                       | ▼ Exp : 08/10             |                        | 0.00                   |                                          |                            |                       |  |
| 3                                                               | 60432-0357-60                       | Nystatin Sus 100,000 u/ml          |                                                          | BT                        | 4                                 |                                                       | ▼ Exp : 04/10             |                        | 0.00                   |                                          |                            |                       |  |
| 4                                                               | 51762-1279-03                       | Fluocinonide Gel 0.05% 60g         |                                                          | TU                        | 1                                 |                                                       | ▼ Exp : 06/09             |                        | 0.00                   |                                          |                            |                       |  |
| 5                                                               | 00487-9801-30                       | Ipratropium 0.02% Inh sol          |                                                          | BX                        | 2                                 |                                                       | ▼ Exp : 02/10             |                        | 0.00                   |                                          |                            |                       |  |
| 6                                                               | 00409-5534-34                       | Sodium Bicarbonate 4/2% infant     |                                                          | PG                        | 3                                 |                                                       | ▼ Exp : 06/10             |                        | 0.00                   |                                          |                            |                       |  |
| -----Nothing                                                    |                                     | Follows-----                       |                                                          |                           |                                   |                                                       | ▼                         |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   |                                                       |                           |                        |                        |                                          |                            |                       |  |
|                                                                 |                                     |                                    |                                                          |                           |                                   | SHEET TOTAL                                           |                           |                        | GRAND TOTAL            |                                          |                            |                       |  |
| 13. ISSUE/TURN-IN *QUANTITY* COLUM IS REQUESTED                 | DATE (YYYYMMDD)<br>20110115         | BY _____<br><b>Doe John</b>        | 14. ISSUE QTY IN "SUPPLY ACTION" COLUMN                  | DATE (YYYYMMDD)           | BY _____                          | 15. REC QTY IN "SUPPLY ACTION" COLUMN                 | DATE (YYYYMMDD)           | BY _____               |                        |                                          |                            |                       |  |

DA FORM 3161, DEC 2000

PREVIOUS EDITION MAY BE USED

ΔPD PE  $\times 1.03E5$

NUM



# Class VIII Turn-In Procedures

## For Controlled Substances

Contact Customer Support (CS) at 765-8195/ 8199 to Initiate Turn-in Process



Send DA 3161 to CS for Approval



CS will contact Vault Personnel at 765-7252 to Coordinate Turn-in Date and Time



Receive 'Shipment Container and Seal'



Turn-in Item(s) to Vault



## DA FORM 3161, DEC 2000



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DA FORM 3161, DEC 2000

PREVIOUS EDITION MAY BE USED.

APD PE v1.03E1

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